## (REQUIRED BY STATE AGENCIES ONLY)

## STATE CLEARINGHOUSE **APPLICATION SUPPLEMENT**

(Form CH 2)

1.	If this is a "NOTIFICATION OF INTENT" to apply or a Pre-Application, Please Check this box and indicate GRANT I. D. assigned. GRANT I. D (8)		
2.	If this is an actual GRANT APPLICATION, please check this box [], and indicate GRANT I. D. assigned. GRANT I. D. (8)		
3.	*NOTE: If a NOTIFICATION OF INTENT or PREAPPLICATION has been previously submitted, use that I. D. to complete ITEM 2 and indicate SAI# that was assigned to the NOI or PREAPP. SAI # (8) If this is an application for SUPPLEMENTAL FUNDS or is a REVISION, please indicate original		
0.	GRANT I. D. AND SAI # to which it applies. GRANT I. D (8) SAI # (8)		
4.	GRANT YEAR		
5.	GRANT START DATE (mo./day/yr.)		
6.	APPLICANT (AGENCY) CODE (7) (see Applicant Code List)		
7.	GRANTOR CODE (5) (see Grantor Code List)		
8.	ORGANIZATION UNIT		
9.	FUNDING PERCENTAGE REQUIREMENTS: FEDERAL% STATE% OTHER%		
10.	TYPE OF ASSISTANCE (A THROUGH P) (see instructions on previous page		
11.	METHOD OF FUNDING1. Advance by Treasury Check2. Advance by Letter of Credit4. Reimbursement by Letter of Credit		
12.	Federal Funds for this GRANT will be received directly from (CHECK ONE)		
	A Federal Agency Another State Agency Other Source		
13. 14.	Do you have an INDIRECT CO If Yes, is the rate being applied	DST RATE? VES I to this project? YES	● NO ● NO
15.	A. DIRECT COST BASE	B. INDIRECT COST RATE	C. INDIRECT COSTS CLAIMED*
	\$	%	\$
	D. EXPLANATION*		

## GRANT COORDINATOR \_\_\_\_\_\_ Full Name

AGENCY \_\_\_\_\_

DATE \_\_\_\_\_